

THE HONORABLE RICHARD A. JONES

UNITED STATES DISTRICT COURT
WESTERN DISTRICT OF WASHINGTON
AT SEATTLE

BLACK LIVES MATTER SEATTLE-
KING COUNTY, ABIE EKENEZAR,
SHARON SAKAMOTO, MURACO
KYASHNA-TOCHA, ALEXANDER
WOLDEAB, NATHALIE GRAHAM,
AND ALEXANDRA CHEN,

Plaintiffs,

v.

CITY OF SEATTLE,

Defendant.

No. 2:20-cv-00887-RAJ

DECLARATION OF WILLIAM DANIELL
IN SUPPORT OF MOTION FOR
TEMPORARY RESTRAINING ORDER

I, William Daniell, declare and state as follows:

1. I am an occupational and environmental physician and epidemiologist. A true and correct copy of my curriculum vitae is attached to this Declaration as **Exhibit A**. I am an Associate Professor Emeritus at University of Washington (UW), School of Public Health. I formally retired from UW in 2016, after approximately thirty years in tenure-track faculty positions. Initially I was in the Department of Medicine at Harborview Medical Center (1986-91), and then in the Department of Environmental & Occupational Health Sciences (DEOHS; 1986-2016). I continue to work and volunteer in faculty roles at UW on a part-time basis,

DANIELL DECL. ISO TRO (No.) –1

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1 particularly in the Community Oriented Public Health Practice Masters in Public Health (MPH)
2 Program.

3 2. I received my MD degree at Tufts University (1979). I did my residency in
4 internal medicine at University of California Irvine Medical Center (1979-80) and at the Boston
5 VA Medical Center (1981-83). I received my ABIM certification in internal medicine (1984). I
6 also completed my MPH degree and residency in occupational medicine at University of
7 Washington (1984-86). I received my ABPM certification in preventative medicine, with a
8 specialty of occupational medicine (1988).

9 3. I have maintained an active medical license in the State of Washington since
10 1984. I was clinically active until about 1991-94, particularly in internal medicine and in
11 occupational and environmental medicine. After 1991-94, my primary professional focus has
12 been public (or population) health. I have been a voting member of the King County Board of
13 Health, in the environmental health professional position, since 2015.

14 4. My full-time faculty position in UW School of Public Health (1991-2016)
15 involved teaching, research and service responsibilities. My research used field, clinical and/or
16 existing database epidemiologic methods to examine a variety of topics, such as: cognitive and
17 other effects of occupational exposures to pesticides or organic solvents; occupational and
18 community noise-induced hearing loss; arsenic and lead contamination in Southeast Asia; and
19 other topics.

20 5. I was Interim Associate Medical Director (1994-95) and Affiliate Medical
21 Consultant (1996-99) for Washington Department of Labor & Industries (DLI), where I assisted
22 DLI workplace safety & health inspectors and consultants, particularly for situations involving
23 chemical exposures or fatalities.

24 6. I was a member of two Institute of Medicine committees and expert panels on the
25 Gulf War and Health, focused on pesticides and organic solvents (2001-03) and the chemical
26 warfare agent, Sarin (2003-04).

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1 7. The conclusions or opinions stated herein are my own, and they do not necessarily
2 represent stances of my affiliated institutions.

3 **“Less Than Lethal” Weapons**

4 8. “Less than lethal” weapons are often used by law enforcement to disperse, stun or
5 otherwise manage crowds where there is purported improper activity. These “less than lethal”
6 weapons can include: tear gas, pepper spray delivered by grenade or other dispersal means
7 (chemical pain weapons); blast balls or flash-bang devices (stun weapons); and rubber bullets
8 (physical impact pain weapons).

9 9. The commonly used term, “non-lethal” weapons, and the less frequent “less than
10 lethal” or “less lethal” terms, are euphemisms. First, saying non-lethal or less-than-lethal can
11 inappropriately connote that the weapons are relatively benign. For example, if someone drops
12 an anvil on a person’s foot, the outcome will probably be non-lethal, but one can readily
13 anticipate that it will produce excruciating pain and possible permanent disability. The same can
14 be said for chemical pain weapons, physical impact pain weapons, and stun weapons. Labeling a
15 device as non-lethal does not convey the actual degree of potential morbidity, and this messaging
16 might desensitize police, officials or the public against viewing these devices as potentially
17 harmful weapons.

18 10. I encourage greater use of non-euphemistic terms for “non-lethal” weapons that
19 better convey the potential seriousness of deployment. For example, “chemical pain weapons,”
20 “physical impact pain weapons,” and “stun weapons.”

21 11. Each of the aforementioned devices is capable of causing death or serious and
22 possibly permanent morbidity, either as a direct or proximate consequence of exposure to the
23 device or its components.

24 12. The international community, including the United States, formally recognizes
25 chemical agents such as tear gas and pepper spray, as inappropriate for military offensive or
26 crowd management purposes in warfare.

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1 13. These agents have been banned as a method of warfare. As stated by Schep and
2 colleagues (British Medical Journal: Military Health [formerly J R Army Med Corps]
3 2015;161:94-99), “Since the Entry Into Force of the Chemical Weapons Convention in
4 1997,[article citation 7]) However, under a 1975 presidential order, the US military can still use
5 these agents in war zones under limited defensive circumstances with the approval of top
6 military commanders, for example, for controlling rioting prisoners.[article citation 8].

7 14. While the Chemical Weapons Convention and the substantial limitation on riot
8 deployment do not apply to civilian situations, it nonetheless conveys the potential seriousness of
9 using such “non-lethal” weapons in any setting.

10 **Chemical Pain Weapons**

11 15. There is more than one “lacrimating” or “lacrimatory” (tear-causing) agent used
12 for crowd management. The most well-known as tear gasses utilize the chemical agents, 2-
13 chloroacetophenone (CN) and o-chlorobenzylidene malonitrile (CS). Pepper spray (oleoresin
14 capsicum, OC; active agent, capsaicin) is often distinguished separately from tear gas, in part
15 because it has different physical properties and is usually delivered differently.

16 16. Tear gas is often delivered by a launched grenade or fogging device, but can be
17 delivered by handheld spray device.

18 17. Conversely, pepper spray is often delivered by handheld spray device, and
19 increasingly as projected pepper balls, and also can be delivered as a grenade or fog.

20 18. Tear gas agents (CN, CS) are relatively water soluble, whereas the active
21 component of pepper spray (and pepper balls) is oil-like.

22 19. For the affected victim, this difference means that CN or CS tear gas’s effects on
23 eyes can be relieved efficiently by water irrigation. In contrast, pepper spray is relieved slowly
24 by water irrigation, and water can cause transient worsening if it spreads the oil-like agent to
25 adjoining skin, the other eye, or nasal or oral mucous membranes. Although irrigation with water
26 is the first response treatment for either agent, other treatment modalities are arguably better

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1 when available for pepper spray, such as spray or irrigation with milk or non-flavored antacid
2 (e.g., Milk of Magnesia) diluted with water, or irrigation with aqueous saline solution.

3 20. In spite of these distinctions, all of these agents (CS, CN, OC) are lacrimating
4 agents, where the primary effect is to cause skin and mucous membrane irritation, especially the
5 latter, producing eye tearing, eye pain, nose and throat pain, runny nose, and coughing.

6 21. The eye pain induced by pepper spray can be excruciating. To give a sense of the
7 degree of pain, the Scoville organoleptic scale, which measures heat in chile peppers, typically
8 places pepper spray in the highest Scoville pungency (pain) ratings.

9 22. Imagine the hottest chile pepper you ever ate, then imagine an even hotter one
10 that you would never eat, and then imagine touching that pepper and inadvertently sticking your
11 finger in your eye. That is what a small dose of pepper spray is like.

12 23. The eye irritation from tear gas depends on degree of exposure. The irritation can
13 also be very painful, but is typically less painful than pepper spray delivered to the eyes. The eye
14 pain from tear gas generally resolves sooner, in minutes to hours but possibly persisting days,
15 compared to pepper spray, which may require hours to days before relief is complete.

16 24. All of these agents are reported capable of causing transient eye injury (e.g.,
17 chemical burn), secondary infections of the eye, or permanent eye injury (e.g., corneal scarring).
18 There is also evidence that tear gas can have systemic toxic effects.

19 25. Deployment of chemical pain weapons is non-discriminatory, in the sense that
20 anyone in range of the dispersed weapon may suffer consequences. A tear gas grenade launched
21 into or near a crowd is as likely to affect a peaceful protester as an alleged vandal or looter
22 immersed within the crowd. Although pepper spray and pepper bullet balls can be more
23 specifically targeted toward an individual, actual deployment can be relatively crude.

24 26. Handheld pepper spray devices are commonly deployed in a sweeping motion
25 across a collection of people, commonly at face height. Bullet balls shatter and the pepper
26 content is dispersed in the nearby area.

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1 27. Tear “gas” is not a true gas. A gas would progressively dilute in air or blow away,
2 and be relatively non-persistent. The active components of tear gas can persist in solid form,
3 settle out in the local environment, and be re-suspended by physical activity (e.g., walking or
4 driving) in that area for hours or days. The agents can also drift in wind or air currents into
5 adjoining residential or commercial buildings, with resultant irritant effects on building
6 occupants who may have had nothing to do with the alleged improper activity that led to
7 chemical pain weapon deployment.

8 28. Intense tear gas exposure can occur if a victim cannot readily escape the situation
9 or is trapped in a relatively confined space, such as a dead end alley or narrow passage. Acute
10 intense exposure to tear gas can increase the likelihood of deeper penetration into respiratory
11 airways, producing substantial irritant effects with shortness of breath and coughing, and
12 potentially interfering with lung function.

13 29. Though uncommon, this might cause chemical pneumonitis. Impaired
14 oxygenation also might trigger an acute and potentially serious or fatal medical event in a person
15 with underlying common chronic conditions, such as asthma or heart disease.

16 30. In addition to their direct effects, chemical pain weapons also can have proximate
17 effects. For example, a person who falls because of acute visual impairment, imbalance,
18 disorientation, or crowd chaos from tear gas (or pepper spray) exposure, and then suffers a
19 serious or lethal consequence of the fall.

20 31. Additionally, if a person is directly in the path of a launched device – whether it is
21 a chemical dispersal, stun or physical impact device – and is struck directly, that device can
22 cause acute trauma. Head injury is probably the most dangerous outcome. This is particularly a
23 concern for devices that are launched from elevated positions or in an arcing pathway launched
24 from the ground, where crowd members’ heads are first in line along the final projectile
25 pathway.
26

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Stun Weapons

32. There are a variety of stun weapons, such as flash-bang devices and stun grenades. These devices explosively produce intense loud noise and/or bright flashes of light.

33. The main goal of stun weapons is to disrupt crowd behavior and maneuver crowds away from the site.

34. Stun weapons are properly considered to be weapons, with readily anticipated although usually transient effects on human abilities, risk of secondary injury, and possibly longer-term or even permanent effects on health.

35. The loud noise can cause partial deafening or tinnitus (ringing in ears), which is usually transient but can be permanent.

36. The light flashes can create temporary blind spots in a victim's visual field and loss of night vision.

37. An important and predictable effect is crowd confusion and chaos, complicated by transient effects on vision and hearing, with the secondary risk of falling or other physical injury (and inattention to social distancing).

Physical impact pain weapons

38. The category of physical impact pain weapons includes rubber bullets, bean bag guns, and similar weapons. Their purpose is to hit people from a distance with a projected item that is less likely to cause enduring harm than a higher-speed metallic bullet from a conventional firearm.

39. It is indisputably painful to be struck by a projected rubber bullet or bean bag, particularly at a close distance. The resultant pain and likelihood of physical injury depend on the type of device, distance between operator and victim, and the location of body impact.

40. Some "rubber" bullets are inaptly named and may contain rigid or metal components.

1 41. Impact with the head is most dangerous. Head trauma can be serious, critical or
2 fatal. Bruising and possible bone fracture can occur at any impacted body site. Internal organ
3 injury is possible, although not common.

4 42. There are proximate risks for physical impact weapons as well, such as the risk of
5 falling down or against a fixed object after impact, with resultant risk of secondary injury.

6 43. Although individual humans may be identified and targeted by the weapons
7 operator, accuracy is limited and targeting is relatively non-discriminating.

8 44. The scatter (target inaccuracy) of bean bag guns is relatively wider than for rubber
9 bullet guns, and both are substantially less accurate (but less lethal) than conventional firearms
10 with metallic bullets.

11 45. This relative inaccuracy means that, even if a rubber bullet or bean bag is targeted
12 at a specific individual, the projectile can easily go astray and, in a crowd, is likely to hit another
13 person nearby or beyond the targeted person.

14 46. Bean bag guns are sufficiently inaccurate that they may be purposefully used as a
15 blunt instrument similar to a shotgun, indiscriminately targeting any individual in a crowd.

16 47. In addition, deployment strategy for pain weapons (chemical and physical) can be
17 inconsistent and discriminatory. For example, there are few if any recent reports in the news
18 about law enforcement utilizing pain weapons against protesters bearing semiautomatic
19 weapons, even while occupying a state capitol building, to speak out for their Second
20 Amendment rights to bear arms or against social restrictions during a pandemic. In contrast, pain
21 weapons have been frequently used against unarmed political protesters, particularly people of
22 color.

23 **The Coronavirus Pandemic**

24 48. The risks of serious health effects from use of pain and stun weapons are
25 substantially greater now during the coronavirus pandemic, compared to similar situations in pre-
26 pandemic times.

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1 49. Although the mechanisms of coronavirus spread are still poorly understood, there
2 is information that we can tentatively extrapolate from aerosol science, infectivity and spread of
3 better-characterized infectious microorganisms, and the survival of coronavirus in indoor and
4 outdoor environments.

5 50. A substantial and unknown fraction of people in the general population are
6 infected with the SARS-associated coronavirus, SARS-CoV-2 (which causes the disease,
7 COVID-19). Many of those people are asymptomatic but still capable of spreading the disease to
8 others. Some people may feel compelled by principle to join protests, even if they are mildly
9 unwell. Their mild illness, after all, is most likely simply a cold, though it could be an early
10 manifestation of COVID-19 illness.

11 51. Some coronavirus “superspreading” events have been described, particularly in
12 settings where moderate to large numbers of people gather for periods of an hour (or so) or
13 longer, social distancing is not maintained, face covers are not used, and at least one person is
14 unknowingly infected with coronavirus. At one church in Mt. Vernon, Washington, for example,
15 more than 50 people became infected after a 2.5-hour choir practice. Singing was speculated to
16 be a contributing factor, by producing more respiratory aerosols and in an enclosed indoor space,
17 than might have otherwise occurred.

18 52. Some common protest activities, such as chanting and shouting, are likely to
19 release respiratory aerosols that, in an infected person, will reach higher coronavirus
20 concentrations in air and are projected over longer distances, than with breathing at rest or casual
21 conversation. The risk of a protester becoming infected increases with the “dose” produced by
22 the exposure situation; this is primarily driven by the concentration of coronavirus in air and the
23 duration of exposure, and to some unknown degree by use of a face covering.

24 53. The potential risk for coronavirus transmission during protest activities is almost
25 certainly substantially worsened by law enforcement deployment of pain weapons or stun
26 weapons.

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55. Pain weapon or stun weapon deployment can stimulate crowd chaos, fear and heightened physical activity, which in turn will increase individuals' breathing rates, increase aerosol generation, and minimize the practicality of social distancing and face covers.

56. Military experience is informative here. Although chemical warfare is barred by international convention, the military still prepares to protect soldiers and defend against potential chemical weapon attack. The US Army, for example, uses CS tear gas during basic combat training, to test placement and demonstrate the consequences of inadequate placement of personal protective “gas” masks. One study followed 6,700 Army recruits and found a more than doubled risk of developing an acute respiratory illness after CS exposure, compared to the two-week period before CS exposure. Furthermore, the incidence (frequency) of illness was higher, after higher CS exposures (Hout JJ, et al. *Military Medicine* 2014;179(7):pp 793-8).

57. The increased risk of coronavirus spread is an important additional factor to be considered in policy, strategic and tactical decisions about whether or when, and if ever, pain and stun weapons should be deployed against crowds of protesters.

Executed this 8th day of June 2020 at Seattle, Washington.

I declare under penalty of perjury under the laws of the United States and the State of Washington that the foregoing is true and correct.

By: William David

WILLIAM DANIELL

EXHIBIT A

CURRICULUM VITAE

William (Bill) Edward Daniell, MD, MPH

Faculty, Community Oriented Public Health Practice MPH Program
and

Associate Professor Emeritus

Department of Environmental and Occupational Health Sciences

School of Public Health

University of Washington

Email: bdaniell@uw.edu | Voice mail: (+1) 206.395.8294 | Mobile: upon request

EDUCATION

1968-1975	University of California, Santa Barbara and San Diego: BA, Biology (renamed Cellular and Molecular Biology), with Highest Honors
1975-1979	Tufts University School of Medicine; Boston, Massachusetts: MD
1984-1986	University of Washington School of Public Health & Community Medicine; Seattle, Washington: MPH, Occupational Medicine

PROFESSIONAL POSITIONS

2016-present	Associate Professor Emeritus, Department of Environmental and Occupational Health Sciences; University of Washington; Seattle, WA.												
	<table border="0"> <tr> <td style="vertical-align: top;">Program faculty</td> <td>Community Oriented Public Health Practice (COPHP) MPH Program, Department of Health Services.</td> </tr> <tr> <td style="vertical-align: top;">Faculty associate</td> <td>Northwest Center for Public Health Practice</td> </tr> <tr> <td style="vertical-align: top;">Faculty associate</td> <td>UW Center for Human Rights</td> </tr> </table>	Program faculty	Community Oriented Public Health Practice (COPHP) MPH Program, Department of Health Services.	Faculty associate	Northwest Center for Public Health Practice	Faculty associate	UW Center for Human Rights						
Program faculty	Community Oriented Public Health Practice (COPHP) MPH Program, Department of Health Services.												
Faculty associate	Northwest Center for Public Health Practice												
Faculty associate	UW Center for Human Rights												
2016	Formal retirement from UW; Sept. 23, 2016.												
2015-present	Member. King County Board of Health; Seattle, WA.												
	<table border="0"> <tr> <td style="vertical-align: top;">2019-present</td> <td>Member. Subcommittee on Gender Based Violence (aka Sexual Violence, Domestic Violence, and Missing and Murdered Indigenous Women)</td> </tr> <tr> <td style="vertical-align: top;">2019-present</td> <td>Member. Subcommittee on Healthy Eating</td> </tr> <tr> <td style="vertical-align: top;">2016-2018</td> <td>Member. Standing Committee for Health Care for the Homeless Network</td> </tr> </table>	2019-present	Member. Subcommittee on Gender Based Violence (aka Sexual Violence, Domestic Violence, and Missing and Murdered Indigenous Women)	2019-present	Member. Subcommittee on Healthy Eating	2016-2018	Member. Standing Committee for Health Care for the Homeless Network						
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2016-2018	Member. Standing Committee for Health Care for the Homeless Network												
1986-2016	University of Washington; Seattle, Washington												
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Acting Instructor 1986-1988	Department of Medicine												
Attending Physician 1986-1994	UW/Harborview Medical Center												

William Daniell
Curriculum Vitae (page 2)
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1996-1999	Affiliate Medical Consultant (as UW faculty) to Washington State Department of Labor and Industries, WISHA (now DOSH) Division.
1994-1995	Interim Associate Medical Director for Safety & Health (UW leave of absence): Washington State Department of Labor and Industries; Olympia, Washington.
1984-1986	Resident Physician. Occupational Medicine: University of Washington School of Public Health and Community Medicine; Seattle, Washington
1984	Emergency Room Physician: Lawrence Memorial Hospital; Medford, Massachusetts
1984	Urgent Care Physician: Atlantic Medical Associates; Boston, Massachusetts
1981-1983	Resident Physician. Internal Medicine: Veterans Administration Medical Center; Boston, Massachusetts
1980-1981	Locum tenens Physician: Indian Health Service; Schurz, Nevada and Poplar, Montana (outpatient and inpatient general practice)
1979-1980	Resident Physician. Internal Medicine. Univ. of Calif., Irvine Medical Center; Orange, Calif.

LICENSURE and CERTIFICATION

<i>Medical Licensure</i>			Certification number or date
1984	Washington	(active)	#22108
1980	California	(inactive)	#G42633
1980	Maine	(inactive)	#10479
1982	Massachusetts	(inactive)	#48919
1990	Alaska	(inactive)	#S AA 02352 MED
2012	National Plan & Provider Enumerator System		#1629335765

Medical Board Certification

1980	National Board of Medical Examiners	#210419
1983	American Board of Internal Medicine	#095039
1988	American Board of Preventive Medicine; Specialty of Occupational Medicine	#22417

Continuing Medical Education (selected)

2019	PCSS MAT Waiver Training (waiver-eligible)	01/11/2019
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Human Subjects Certification

2000	University of Washington	07/27/2000
2005	CITI Basic Course	12/31/2005
2009	CITI Refresher Course	02/16/2009

Professional Training and Certification

2011	UW Faculty Grants Management (FGM)	12/28/2011
2012	UW Financial Conflicts of Interest (FCOI)	08/02/2012; 03/27/2018; 07/25/2018
2018	UW Bloodborne Pathogens for Researchers	07/24/2018
2018	UW Protecting Patient Information (HIPAA)	07/24/2018
2018	FEMA Introduction to ICS (ICS-100)	07/25/2018
2019	King Co. Records Retention & Public Records	04/23/2019

Teacher Training

2007	UW Summer Institute for Teaching Excellence	06/17/2007
2012-2013	UW School of Medicine Teaching Scholars	06/04/2013

Anti-racism and related Training

2014	UW SPH Undoing Racism	10/24/2014
2016	COPHP Institutionalized Racism in Daily Life	05/25/2016
2016	COPHP Structural Racism and Public Health	11/05/2016
2017	350 Seattle Anti-racism: Allies to Immigrants	09/10/2017

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2019 COPHP Microaggression, Inclusive Classroom 01/12/2019

HONORS

2002 Outstanding Teaching Award. UW School of Public Health & Community Medicine.
2007 Mentorship Award. UW Department of Environmental & Occupational Health Sciences.
2008-2013 UW Rohm and Haas Professorship in Public Health Sciences
2011 Outstanding Teaching Award. UW School of Public Health.
2011 Co-recipient. NIOSH/NORA Innovative Research Award for "Effectiveness of Training and Reinforcement on HPD Use Among Construction Workers" (Seixas, PI).

BIBLIOGRAPHY

Refereed Research Articles

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13. Simon GE,* **Daniell** W, Stockbridge H,* Claypoole K, Rosenstock L: Immunologic, psychological, and neuropsychological factors in multiple chemical sensitivity: A controlled study. *Ann Intern Med* 1993; 119:97-103.
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18. **Daniell** WE, Fulton-Kehoe D, Smith-Weller T, Franklin GM: Occupational hearing loss in Washington State, 1984-1991: I. Statewide and industry-specific incidence. *Am J Ind Med* 1998; 33:519-528.
19. **Daniell** WE, Fulton-Kehoe D, Smith-Weller T, Franklin GM: Occupational hearing loss in Washington State, 1984-1991: II. Morbidity and associated costs. *Am J Ind Med* 1998; 33:529-536.
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21. Burgess JL, Brodtkin CA, **Daniell** WE, Pappas GP, Keifer MC, Stover BD, Edland SD, Barnhart S. Longitudinal decline in firefighter DLCO measurements: A respiratory surveillance dilemma. *Am J Resp Crit Care Med* 1999; 159:119-24.
22. Wetter DC,* **Daniell** WE, Treser CD. Hospital emergency department preparedness for victims of terrorist incidents involving chemical or biological weapons. *Am J Public Health* 2001; 91:710-716.
23. **Daniell** WE, Fulton-Kehoe D, Cohen M, Swan SS, Franklin GM. Increased reporting of occupational hearing loss: Workers' compensation in Washington State, 1984-1998. *Am J Ind Med* 2002; 42:502-10.
24. **Daniell** WE, Swan SS, McDaniel MM, Stebbins JG, Seixas NS, Morgan MS. Noise exposure and hearing conservation practices in an industry with high incidence of workers' compensation claims for hearing loss. *Am J Ind Med* 2002; 42:309-17.
25. **Daniell** WE, Stover B, Takaro T. Comparison of criteria for significant threshold shift in workplace hearing conservation programs. *J Occup Env Med* 2003; 45:295-304.
26. Maxfield M,* **Daniell** WE, Treser CD, van der Slice J. An evaluation of treated effluent quality of aerobic residential on-site sewage systems. *J Environ Health* 2003; 66:14-19.
27. Neitzel R, Seixas N, Goldman B, Olson J, **Daniell** W. Non-occupational noise: Contributions to total noise exposure of construction workers. *Ann Occup Hyg* 2004; 48:463-473.
28. Neitzel R, Seixas N, Olson J, **Daniell** W, Goldman B. Non-occupational noise: Exposures associated with routine activities. *J Acoust Soc Am* 2004; 115:237-45.
29. Winnemuller LL, Spielholz PO, **Daniell** WE, Kaufman JD. Comparison of ergonomist, supervisor and worker assessments of work related musculoskeletal risk factors. *J Occup Environ Hyg* 2004; 1:414-22.
30. **Daniell** WE, Fulton-Kehoe D, Chiou LA, Franklin GM. Work-related carpal tunnel syndrome in Washington State workers' compensation: Temporal trends, clinical practices, and outcomes. *Am J Ind Med* 2005; 48:259-69.
31. **Daniell** WE, Swan SS, McDaniel MM, Camp JE, Cohen MA, Stebbins JG. Noise exposure and hearing loss prevention programs after twenty years of regulations in the United States. *Occ Env Med* 2006; 63:343-51.
32. Johns DO, **Daniell** WE, Shen DD, Kalman DA, Dills RL, Morgan MS: The effect of ethanol consumption on the biotransformation of 1,1,1-trichloroethane in human volunteers. *J Toxicol Sci* 2006; 92:61-70.
33. Thepaksorn P,* **Daniell** WE, Padungtod C, Keifer MC. Occupational Accidents and Injuries in Thailand. *Int J Env Occup Health* 2007; 13:290-4.
34. Turnberg W,* **Daniell** W, Seixas N, Simpson T, Van Buren J, Lipkin E, Duchin J. Appraisal of recommended respiratory infection control practices in primary care and emergency department settings. *Am J Infect Control* 2008; 36:268-75.
35. Turnberg W,* **Daniell** W. Evaluation of a healthcare safety climate measurement tool. *J Safety Res* 2008; 39(6):563-8.
36. Neitzel R, Meischke H, **Daniell** WE, Trabeau M, Seixas N. Development and pilot testing of hearing conservation training for construction workers. *Am J Ind Med* 2008; 51:120-9.
37. Trabeau M, Neitzel R, Meischke H, **Daniell** WE, Seixas N. An evaluation of "train the trainer" versus expert training modalities for hearing protection use in construction. *Am J Ind Med* 2008; 51:130-7.
38. **Daniell** WE, Fulton-Kehoe D, Franklin GM. Work-related carpal tunnel syndrome in Washington State workers' compensation: Utilization of surgery and the duration of lost work. *Am J Industrial Med* 2009; 52:931-942.
39. Graves JM,* **Daniell** W, James F, Milgrom P. Estimating Fluoride Exposure in Rural Communities: A Case Study in Western Washington. *Wash State J Public Health* 2009; 2:22-31.

* Graduate student or resident/fellow; primary or majority mentorship by Daniell.

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June 2020

40. Patrick G,* **Daniell W**, Treser C, VanDerslice J: Residual methamphetamine in decontaminated clandestine drug laboratories. *J Occup Environ Hyg* 2009; 6:151-156.
41. Turnberg W,* **Daniell W**, Simpson T, van Buren J, Seixas N, Lipkin E, Duchin J. Personal healthcare worker (HCW) and work-site characteristics that affect HCWs' use of respiratory-infection control measures in ambulatory healthcare settings. *Infect Control Hosp Epidemiol* 2009; 30(1):47-52.
42. Franklin GM, Rahman EA, Turner JA, **Daniell WE**, Fulton-Kehoe D. Opioid Use for Chronic Low Back Pain: A Prospective, Population-Based Study Among Injured Workers in Washington State, 2002-2005. *Clin J Pain* 2009; 25:743-51.
43. Griffin SC, Neitzel R, **Daniell W**, Seixas N. Indicators of hearing protection use: self-report and researcher observation. *J Occup Environ Hyg* 2009; 6:639-47.
44. Edelson J, Neitzel R, Meischke H, **Daniell W**, Sheppard L, Stover B, Seixas N. Predictors of hearing protection use in construction workers. *Annals Occup Hygiene* 2009; 53(6):605-15.
45. Neitzel R, **Daniell W**, Sheppard L, Davies H, Seixas N. Comparison of perceived and quantitative measures of occupational noise exposure. *Ann Occup Hyg* 2009; 53(1):41-54.
46. Turnberg W,* **Daniell W**, Duchin J. Influenza vaccination and sick leave practices and perceptions reported by health care workers in ambulatory care settings. *Am J Infect Control* 2010; 38(6):486-8.
47. Turnberg W,* **Daniell W**, Duchin J. Notifiable infectious disease reporting knowledge among physicians and registered nurses in primary care and emergency department settings. *Am J Infect Control* 2010; 38(5):410-2.
48. Bedno SA, Lang CE,* **Daniell WE**, Wiesen AR, Datu JB, Niebuhr DW. Association of weight at enlistment with enrollment in the Army Weight Control Program and subsequent attrition in the Assessment of Recruit Motivation and Strength Study. *Mil Med* 2010; 175(3):188-93.
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50. Neitzel R, **Daniell WE**, Sheppard L, Davies HW, Seixas NS. Improving exposure estimates by combining exposure information. *Ann Occup Hyg* 2011; 55(5):537-47.
51. Seixas NS, Neitzel R, Stover B, Sheppard L, **Daniell B**, Edelson J, Meischke H. A multi-component intervention to promote hearing protector use among construction workers. *Int J Audiol* 2011 Mar; 50(Suppl 1):S46-56.
52. Charles CV, Dewey CE, **Daniell WE**, Summerlee AJS. Iron-deficiency anaemia in rural Cambodia: community trial of a novel iron supplementation technique. *Eur J Public Health* 2011; 21(1):43-8.
53. Graves J,* **Daniell W**, Harris J, Obure AF, Quick R. Employing student-created visual aids to promote handwashing behavior in Kenyan primary schools. *Int Q Community Health Educ* 2011-12;32:307-23.
54. Nhean S, Thetkathuek A, Meepradit P, **Daniell W**, Jaidee W. Factors affecting cholinesterase level among insecticide-exposed vegetable farmers in Prek Balatchheng, Cambodia: A case study. *Journal of Science, Technology, and Humanities [Thai journal]* 2012 (Dec);10(2).
55. Graves JM,* Finsness ED, Harris JR, Quick R, Were V, **Daniell WE**. Teacher perspectives on implementing and sustaining a handwashing promotion intervention in Western Kenyan primary schools. *Int Q Community Health Educ* 2013;34:159-70.
56. Carlsten C, Oron AP, Curtiss H, **Daniell W**, Kaufman J, Jarvis S. Symptoms in response to controlled diesel exhaust more closely reflect exposure perception than true exposure. *PLOS ONE*, July 2013.
57. Thetkathuek A, Suybros N, **Daniell W**, Meepradit P, Jaidee W. Factors influencing poisoning symptoms: A case study of vegetable farmers exposed to mixed insecticides in Prek Balatchheng Village, Cambodia. *J Agromedicine* 2014;19(4):337-45.
58. **Daniell WE**, Lo Van Tung, Wallace RM, Havens DJ, Karr CJ, Nguyen Bich Diep, Croteau GA, Beaudet NJ, Nguyen Duy Bao. Childhood Lead Exposure in a Vietnamese Battery Recycling Village. *BioMed Research Intl* 2015; Article ID 193715, 10 pp. <http://dx.doi.org/10.1155/2015/193715>.
59. Michael K, No D, **Daniell WE**, Seixas NS, Roberts MC. Assessment of Environmental Contamination with Pathogenic Bacteria at a University Laundry Facility. *Ann Work Expo Health*. 2017;61:1087-96.
60. Benson C, **Daniell W**, Offen J. A Qualitative Review of United States Food Waste Programs and Activities at the State and Local Level. *J Hunger Environ Nutr* 2017 [online Dec. 26]:1-20.
61. Ericson B, Duong Thi To, Keith J, Nguyen Trong Cuu, Havens D, **Daniell W**, Karr C, Ngoc Hai Doan, Lo Van Tung, Wilson B, Hanrahan D, Croteau G, Taylor M. Improving human health outcomes with a low-cost intervention to reduce exposures from lead acid battery recycling: Dong Mai, Vietnam. *Environ Res* 2018;161:181-7.

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Curriculum Vitae (page 6)
June 2020

62. Havens D,* Minh Hong Pham, Karr CJ, **Daniell WE**. Blood Lead Levels and Risk Factors for Lead Exposure in a Pediatric Population in Ho Chi Minh City, Vietnam. *Int J Environ Res Public Health* 2018;15(1). p E93.

Submitted None

In preparation

1. **Daniell W**, et al. Evaluation of an educational campaign and remediation of lead contamination in a Vietnamese battery recycling village.
2. Others, available upon request.

Other Refereed Scholarly Publications

1. Barnhart S and **Daniell WE**. Carpal tunnel syndrome: a cumulative trauma disorder. *West J Med* 1988; 148:74.
2. **Daniell WE**, Couser WG, Rosenstock L. Glomerulonephritis and organic solvent exposure: A case report and review of the literature. *JAMA* 1988; 259: 2280-83.
3. **Daniell WE**, Vaughan TL, Millies BA. Pregnancy outcomes among female flight attendants. *Aviat Space Environ Med.* 1990; 61:840-4.
4. **Daniell WE**: Male reproductive toxicity. *West J Med* 1990; 152:174-75.
5. Rosenstock L, **Daniell W**, Barnhart S, Schwartz D, Demers PA. Chronic neuropsychological sequelae of occupational exposures to organophosphate insecticides. *Am J Ind Med* 1990; 18:321-25.
6. White D, **Daniell WE**, Maxwell JK, Townes BD: Psychosis following styrene exposure: a case report of neuropsychological sequelae. *J Clin Exp Neuropsychol* 1990; 12:798-806.
7. Stockbridge H* and **Daniell WE**: Lead poisoning in bricklayers—Washington state. *MMWR* 1991; 40:169-71.
8. Sparks P, **Daniell W**, Black DW, Kipen HM, Altman LC, Simon GE, Terr AI: Multiple chemical sensitivity: A clinical perspective. I: Case definition, theories of pathogenesis, and research needs. *J Occ Med* 1994; 36:718-30.
9. Sparks P, **Daniell W**, Black DW, Kipen HM, Altman LC, Simon GE, Terr AI: Multiple chemical sensitivity: A clinical perspective. II: Evaluation, diagnostic testing, treatment and social considerations. *J Occ Med* 1994; 36:731-7.
10. **Daniell WE**. Science, integrity, and investigators' rights: Current challenges. *J Reg Tox Pharmacol* 1996; 24:S152-S162.
11. **Daniell WE**, Stockbridge HL, Labbe RF, Woods JS, Anderson KE, Bissell M, Ellefson RD, Moore MR, Pierach CA, Schreiber WE, Tefferi A, Franklin GM: Environmental chemical exposures and disturbances of heme synthesis. *Env Health Persp* 1997; 105 (Supp 1):37-53.
12. Gwerder LJ, Beaton R, **Daniell W**. Bioterrorism: Implications for the occupational health nurse. *AAOHN Journal* 2001; 49:512-519.
13. Zachek CM, Karr CJ, Sweeney C, **Daniell W**, Miller MD. A network of Pediatric Environmental Health Specialty Units (PEHSUs): Filling a critical gap in the health care system. *Medycyna Środowiskowa - Environmental Medicine* 2012; 15(3):7-18.
14. Thetkathuek A, **Daniell W**. Migrant workers in agriculture: A view from Thailand. *J Agromedicine* 2015; epub (Oct. 19).
15. Korfmacher KS, Aviles K, Cummings BJ, **Daniell W**, Erdmann J, Garrison V. Health impact assessment of urban waterway decisions. *Int J Environ Res Public Health* 2015; 12(1):300-21

Books and Book Chapters

1. Rempel D; and **Daniell W**, Brodtkin C* (guest editors): Tetrachloroethylene toxicity. Case studies in Environmental Medicine. Agency for Toxic Substances and Disease Registry (ATSDR), 1990.
2. **Daniell W**: Renal and bladder disorders. In: Rosenstock L and Cullen M (eds): *Textbook of Clinical Occupational and Environmental Medicine*. Philadelphia: WB Saunders, 1994; pp 401-22.
3. **Daniell WE**, Sparks PJ: Multiple Chemical Sensitivity Syndrome. In: Cordasco EM Sr, Zenz C, Demeter SL (eds): *Environmental Respiratory Diseases*. NY: Van Nostrand Reinhold, 1995; pp 391-415.
4. Committee on Gulf War and Health (**Daniell W**, member). *Gulf War and Health, Vol. 2: Insecticides and Solvents*. Washington, DC: National Academy Press, 2003.

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5. Committee on Gulf War and Health (**Daniell W**, member). Gulf War and Health: Updated Literature Review on Sarin. Washington, DC: National Academy Press, 2004.
6. Rhoads CS, **Daniell W**: Renal and bladder disorders. Ch. 25 in: Rosenstock L, Cullen M, Brodtkin CA, Redlich CA (eds): Textbook of Clinical Occupational and Environmental Medicine. 2nd Edition. Philadelphia: WB Saunders, 2005; pp. 565-86.

Other Scholarly Publications

1. **Daniell W**, Stebbins A, Horstman SW: An industrial hygiene and worker health evaluation of the auto body repair industry (report). UW Department of Environmental Health Field Research & Consultation Group; 1989.
2. Heyer N, Checkoway H, **Daniell W**, Horstman S, Camp J: The University of Washington study of video display terminal workers (report). Prepared for the Washington State legislature and Department of Labor & Industries; 1989.
3. Heyer N, Checkoway H, **Daniell W**, Horstman S, Camp J: Self-reported musculoskeletal symptoms among office video display terminal operators (proceedings). In: Sakurai H, Okazaki I, Omae K (eds): Occupational Epidemiology. Excerpta Medicine International Congress Series 889: Excerpta Medica 1990; 255-58.
4. Barnhart S, Myers R, Franklin G, **Daniell W**, Rosenstock L: The quality and reliability of workers' compensation permanent partial disability rating for respiratory impairment under Washington State administrative code (report). Prepared for Washington State Dept. of Labor & Industries; 1991.
5. Rosenstock L, Keifer MC, **Daniell WE**: Pesticide intoxication and chronic CNS effects (letter). Lancet 1991; 338(8761):948-49.
6. **Daniell W** and Golaz A: Phase-I pilot evaluation of hard metal tool manufacturing employee breathing function (report). UW Department of Environmental Health; 1992.
7. **Daniell W**, Morgan M, Stebbins A, Kalman D, Fenske R, van Belle G: Health hazards in the hard metal tool industry (report). Prepared for Washington Department of Labor & Industries; 1993.
8. **Daniell WE**, Kalman D, Stebbins A: Neuropsychological performance and solvent exposure among car body repair shop workers (letter). Br J Ind Med 1993; 50:1126-27.
9. Simon G, **Daniell W**: Multiple chemical sensitivity syndrome (letter). Ann Int Med 1994; 120:249-51.
10. **Daniell W**, Stockbridge H, and Reviewers: Evaluation of individuals with environmental chemical exposures and suspected abnormalities of heme synthesis (report). Washington State Department of Labor & Industries; 1996.
11. Brodtkin CA, **Daniell W**, Echeverria D, Redlich C, Checkoway H. Concerns and assumptions of labor and management in the dry-cleaning industry (letter). Am J Ind Med 1999; 36:482-83.
12. **Daniell WE**, Wickizer T, Fulton-Kehoe D, Franklin GF. Work-related carpal tunnel syndrome: Clinical practices and outcomes for workers' compensation patients in Washington State (report). Prepared for Occupational Health Services Project; Washington State Department of Labor & Industries; 2000.
13. Swan S and **Daniell W**. Hearing conservation in industry (review). Occup Health Saf 2002; 7:78-80.
14. **Daniell W** and Swan S. Occupational noise exposure and hearing loss prevention: A technical report and guidebook for sheet metal manufacturing companies. DEOHS, 2005.
15. Saejiw N, N. Chaiear N, J. Ngoencharee J, Sathra S, et al. (**Daniell WE**, 23rd/32 authors). Occupational exposure to particulates in workers employed in rubber wood sawmills in Thailand. 19th International Conference on Epidemiology in Occupational Health (EPICOH2007), abstract 085. Occup Environ Med 2007; 64(12):e18.
16. Shantz A,* and **Daniell W**. Arsenic Mitigation in Cambodia: What next? Prepared for the Cambodia national Arsenic Team. Dec 2010. [copy online](#)
17. **Daniell W**, Shantz A. Arsenic in Drilled-well Drinking Water: Use of Existing Surveillance Data to Prioritize Regions for Intervention and to Evaluate Dug Wells as an Alternative Water Source. Epidemiology 2011;22(1):S154
18. Shantz A, **Daniell W**, Abernethy A, Bostick B, Chaing C, Thang M, Hok P, Havens D. A Study of Options for Safe Water Access in Arsenic Affected Communities in Cambodia. Report for World Bank Water and Sanitation Programme, and Cambodia Ministry of Rural Development. April 2012. [copy online](#).

William Daniell
Curriculum Vitae (page 8)
June 2020

19. **Daniell W**, Gould L, Cummings BJ, Childers J, Lenhart A. Health Impact Assessment: Proposed Cleanup Plan for the Lower Duwamish Waterway Superfund Site ["Duwamish HIA"]; Advance Report. Seattle, WA: University of Washington, Just Health Action, and Duwamish River Cleanup Coalition/ Technical Advisory Group. May 2013. [website](#).
 - a. **Daniell W**, Gould L, Cummings BJ, Childers J, Lenhart A. Duwamish HIA; Technical Report: Resources and methods. Seattle, WA. Sept 2013.
 - b. Cummings BJ, Childers J,* **Daniell W**, Gould L, Lenhart A. Duwamish HIA; Technical Report: Effects of the proposed cleanup plan on local residents. Seattle, WA. Sept 2013.
 - c. Gould L, Cummings BJ, **Daniell W**, Lenhart A, Childers J. Duwamish HIA; Technical Report: Effects of the proposed cleanup plan on Tribes. Seattle, WA. Sept 2013.
 - d. Lenhart A,* **Daniell W**, Cummings BJ, Gould L, Childers J. Duwamish HIA; Technical Report: Effects of the proposed cleanup plan on subsistence fishing populations. Seattle, WA. Sept 2013.
 - e. Gould L, **Daniell W**, Lenhart A, Cummings BJ, Childers J. Duwamish HIA; Technical Report: Institutional controls and health. Seattle, WA. Sept 2013.
 - f. **Daniell W**, Childers J,* Gould L, Cummings BJ, Lenhart A. Duwamish HIA; Technical Report: Effects of the proposed cleanup plan on health of workers and employment in Lower Duwamish area industries. Seattle, WA. Sept 2013.
 - g. **Daniell W**, Gould L, Cummings BJ, Childers J,* Lenhart A.* Duwamish HIA; Public Comment Report. Seattle, WA. June 2013.
 - h. **Daniell W**, Gould L, Cummings BJ, Childers J,* Lenhart A.* Duwamish HIA; Advance Report. Seattle, WA. May 2013.

PROFESSIONAL ACTIVITIES

Committees

2014-2015	Co-chair: Northwest Health Impact Assessment (HIA) Network Steering Committee.
2014-2015	Member: Society of Practitioners of HIA (SOPHIA) Health in All Policies (HIAP) Screening Tool Workgroup.
2004	Member: Special emphasis study section: Neurologic indices of long term solvent exposure in workers. National Institute for Occupational Safety and Health.
2003-2004	Member: Institute of Medicine (IOM) Committee and Expert Panel on Gulf War and Health: Updated Review of the Literature on Sarin.
2001-2003	Member: IOM Committee and Expert Panel on Gulf War and Health: Review of the Literature on Pesticides and Solvents.

Previous Available upon request

Editorships

2016-2017	Co-editor (with Catherine Karr). Global Children's Environmental Health; special issue for International Journal of Environmental Research and Public Health.
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Reviewer: Journals (most recent year)

- Annals of Global Health (2016)
- BMJ Open (2016)
- International Journal of Environmental Research and Public Health (2017)
- Journal of Health and Pollution (2019)
- Journal of Hunger and Environmental Nutrition (2020)
- Lancet (2017)

Reviewer: Journals (previous) and other – available upon request

Membership: Professional societies

- Washington Physicians for Social Responsibility (WPSR)
- Washington State Public Health Association (WSPHA)
- American Public Health Association [APHA; inactive]

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- American Medical Association

PROFESSIONALLY-RELATED COMMUNITY SERVICE

Public Health Practice

- | | |
|--------------|---|
| 2019-present | Member: Duwamish River Cleanup Coalition/ Technical Advisory Group (DRCC/TAG) Advisory Council. |
| 2015-present | Member: King County Board of Health (BOH). <ul style="list-style-type: none"> • 2019-present: Member, Subcommittee on Gender Based Violence (aka, Sexual violence, domestic violence, and missing and murdered indigenous women) • 2019-present: Member, Subcommittee on Healthy eating. • 2016-2018: Member, Standing Advisory Committee for Health Care for the Homeless Network. • 2018: Primary proponent, Guideline & Recommendation 18-03, to inform jurisdictions working at regional, county, and city levels on alleviating the unsheltered homelessness public health crisis for the benefit of the health, well-being and survival of unsheltered people throughout King County. |
| 2012-present | Volunteer: Seattle/King County Public Health Reserve Corps. <ul style="list-style-type: none"> ▪ 2019: Volunteer: Case Investigation, measles outbreak response; Clark County Public Health (two deployments). |
| 2017-2019 | Member: Economic Inequity and Health task group. Washington PSR. |
| 2016-2018 | Member: Technical Panel: El Centro de la Raza; Community Health Advocates Collaboration. Beacon Hill Environmental Health Collaboration. EPA Environmental Justice Collaborative Problem-Solving Cooperative Agreement, 10/2016-10/2018. |
| 2014-2017 | Advisor: Just Health Action (JHA), Duwamish River Opportunity Fund projects: DROF 1, Vietnamese Subsistence Fisher Project; DROF 2, Healthy Fishing Alternatives Vietnamese Latino Project; DROF 3, Building capacity of subsistence fishers to protect their health through peer education and advocacy. |
| 2015-2017 | Member: Watershed Advisory Group. King County and City of Seattle Green/Duwamish Watershed Strategy Project. |
| 2016 | Advisor: Public Health-Seattle/King County (PHSKC) rapid HIA of South Park Community Center redesign. |
| 2015 | Member: South Park Green Spaces Coalition Steering Committee |
| 2014-2015 | Partner: Duwamish River Cleanup Coalition/ Technical Advisory Group (DRCC/TAG) Healthy River/Healthy Communities Project Advisory Committee; EPA Urban Waters. |
| 2014 | Consultant: Yesler Terrace Community Health Plan. Funder: Seattle Foundation & King County: Communities of Opportunity RFP 1. Applicant: Seattle Housing Authority (\$89,221). |
| 2013-2016 | Advisor to Blacksmith Institute, Vietnam National Institute for Occupational & Environmental Health (NIOEH), Vietnam Center for Environment and Community Development, and Vietnam Environment Administration. Dong Mai craft village lead remediation project. An NIOEH-UW research team (Daniell, UW PI) also evaluated remediation effectiveness. |
| 2013-2014 | Advisor: University of Namibia. Development of new School of Public Health. Supported by UW International Training and Education Center for Health (I-TECH). |
| 2011-2014 | Partner: DRCC/TAG and JHA: Duwamish Valley Healthy Communities Project; EPA CARE grant, Level I. |
| 2012-2013 | Director. Health Impact Assessment of EPA proposed cleanup plan for Lower Duwamish Waterway Superfund Site. Partnership with DRCC/TAG and JHA. |
| 2008-2011 | Advisor and collaborator: Southeast Asia: Resource Development International (RDI) Cambodia; National Arsenic Team, Cambodia Ministry of Rural Development (2010-12); Food and Agriculture Organization, Bangkok, Thailand (2009-10). |
| 2007-2008 | Advisor: Toxic Beauty (Nail Salon) Project; EPA Collaborative Problem-Solving grant; |

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Environmental Coalition of South Seattle (ECOSS) and Community Coalition for Environmental Justice (CCEJ), Seattle, WA.

Previous Available upon request

Publications

- 2018 Daniell B, Danielson B, Delecki C. If it's a homeless emergency, why don't we provide shelter? [Op-ed]. *Crosscut* May 21, 2018. [link](#)
- 2017 Daniell B, Danielson B. Homelessness is Seattle's public health crisis [Op-ed]. *Crosscut* October 25, 2017. [link](#)
- 2014 Daniell B, Kwan-Gett T. Duwamish River Superfund cleanup is a natural and social project [Op-ed]. *Seattle Times* October 29, 2014. [link](#).

Presentations

- 2015 Presenter: Duwamish Valley: Much more than just a river: Sustainability, equity and health. UW Huskies for Humanity: Art, Research, and Restoration: UW's Connection to the Duwamish River. Oct 28, 2015.
- 2015 Presenter: Duwamish Valley: Much more than a contaminated river: Science to practice, community participation, and community health. UW SPH PRISM – Creating healthy regional communities. Oct 13, 2015.
- 2014 Panel member: Does the Fish Consumption Rate Matter? Human Rights, Environmental Justice, & Public Health Perspectives. Seattle Human Rights Commission. June 2014.
- 2012 Co-presenter: Urbanism and health. Seattle Art Museum Saturday University: The Future of Asia's Cities: Design, Environment, Health. March 2012.
- 2011 Presenter: Environmental health in Southeast Asia. Campus visit by 10th grade students from Life Sciences and Global Health academy at Cleveland High School. UW DEOHS; April 2011.

Past Available upon request

FUNDING HISTORY

Current None as funded investigator.

- 2019+ Project mentor (unfunded) to JM Wong (PI). Strategies for addressing occupational health hazards at the workplace for formerly incarcerated workers. UW NW Center for Occupational Health and Safety; Professional Training Opportunities Program.

Pending None

Not funded Available upon request

Recent

- 2014 Investigator: SE Asia Collaborative Center on Environmental Health. NIH/Fogarty RFA TW-14-001 and TW-14-002: Hubs of Interdisciplinary Research and Training in Global Environmental and Occupational Health; GEOHealth. (C Karr, PI; ≤\$600K/year, 5 yrs).
- 2014 Principal Investigator (PI): Health Impact Assessment (HIA) Program proposal. Funder: Funder: Pew/Robert Wood Johnson, Health Impact Project. Applicants: UW Northwest Center for Public Health Practice (NWCPHP) and Public Health Seattle & King County. (\$249,733, 2 yrs; Daniell 10% FTE).
- 2014 Co-PI: Place-Based Equity Partnership in the Duwamish Valley. Funder: Seattle Foundation and King County: Communities of Opportunity RFP 2. Applicants: Environmental Coalition of South Seattle and UW NWCPHP (with Manufacturing Industrial Council of Seattle and Duwamish River Cleanup Coalition; \$150,000/year, 3-5 years; Daniell 10% FTE).
- 2012-2013 Principal investigator: Health Impact Assessment of Lower Duwamish Waterway Superfund Cleanup. Collaboration with DRCC/TAG and JHA. Funder: Pew/Robert

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Wood Johnson, Health Impact Project; 1/2012-4/2013 (extended to 11/2013);
\$124,665 (10% FTE, plus 10% FTE Rohm & Haas cost-sharing).

Previous Available upon request (1984-2014)

CONFERENCES AND SYMPOSIA

Organization

Member, Content Advisory Team. WSPHA Annual Meeting; 2017-2018.
Co-chair, Co-organizer: Prioritizing Child Environmental Health Needs, Research and Actions: Stakeholder Workshop. Hanoi, Vietnam; Nov 2012.
Co-chair, conference and keynote session: Fourth International Scientific Conference in Occupational and Environmental Health; Hanoi, Vietnam; Nov 2012
Co-chair, Co-organizer: Regional Dissemination Workshop: A Study of Options for Safe Water Access in Arsenic Affected Communities in Cambodia. World Bank, Water Sanitation Programme; and Cambodia Ministry of Rural Development. Phnom Penh, Cambodia; Nov 2011.
Member, Conference planning committee; Co-chairperson, plenary and oral sessions; Third International Scientific Conference in Occupational and Environmental Health; Hanoi, Vietnam; Nov 2008.
Program Co-planner, Environment section; and Member, Conference program planning committee; Annual Meetings of American Public Health Association; Nov 2007, and Oct 2008.

Invited Presentations

Presenter; panel member: Engaging Academia in HIA. 2nd National HIA Meeting. Wash, DC; Sept 2013.
Panel member. Past HIA Grantee Panel. Pew/RWJ Health Impact Project grantee meeting. Wash, DC; Sept 2013.
Keynote: Environmental and Occupational Health: Making connections between research, social needs, and action. Fourth International Conference of Occupational and Environmental Health. Hanoi, Vietnam; Nov 2012.
Presenter: Household Survey. A Study of Options for Safe Water Access in Arsenic Affected Communities in Cambodia: Stakeholder Workshop. Phnom Penh, Cambodia. Nov 2011.
Presenter: Water and food and water security in Southeast Asia. 9th Annual Western Regional International Health Conference. Seattle, WA; April 2012.

Previous Available upon request

Seminars Available upon request

Contributed Presentations Available upon request

UNIVERSITY SERVICE

2019-present Faculty Associate: UW Center for Human Rights
2016-present Faculty: Community Oriented Public Health Practice MPH Program
2015-present Faculty: Northwest Center for Public Health Practice
2020 (Spring) Backup Instructor: DEOHS COVID-19 instruction plan
2010-2016 Member (and Chair 2010-2011): DEOHS Diversity Committee
2014-2016 Chair (and Member 2014-2015): DEOHS MPH Oversight Committee
2014-2015 Member: DEOHS Graduate Common Core Curriculum Task Force
2015-2016 Chair: DEOHS Curriculum and Teaching Policy Committee
2014-2016 Member: SPH Curriculum and Educational Policy Committee

Previous Available upon request (1986-2015)

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TEACHING HISTORY

Formal Courses

- 2017-present **Community Development:** 5-week block in *Population Health & Community Development* (COPHP-HSERV 531; 6 credits); Co-Instructor (A/17, A/18, 5 wks); 100% responsibility for 1 of 3 cohorts (7-9 of 23-28 students); shared responsibility for course planning.
- 2018-present **Planning, Advocacy and Leadership Skills** (HSERV 572; 4 credits). Faculty supervisor for student project group (3-5 of ~20 students; course instructor, Hagopian).
- 2017 **Leadership, Planning and Advocacy Skills** (HSERV 590; 4 credits); Co-instructor (Sp/17; 33%); 23 students. Course renamed in 2018.
- 2018 **Community Engagement & Participatory Evaluation** (COPHP-HSERV 538; 6 credits); Co-Instructor (W/18, 6 wks); 100% responsibility for 1 of 3 cohorts (9 of 27 students); shared responsibility for course planning.
- 1993-2016 **Environmental & Occupational Health.** Instructor (ENVH 511; 3 credits; 20-119 students) – or **Global Environmental and Occupational Health.** Instructor (ENVH 510; 4 credits; 20-30 students). Not during 2004 (sabbatical).
- 1999-2003 & 2005 **Occupational and Environmental Epidemiology** (ENVH 570; 3 credits); Co-Instructor (with H Checkoway); 50% responsibility; 15-35 students.

Other; previous Available upon request

Clinical Teaching Available upon request

Guest Lectures Available upon request

Continuing Education Available upon request

ADVISING AND FORMAL MENTORING

PhD Dissertations: Chair

Current: None

Previous: W Turnberg (EOHyg/06)

Masters Theses/Capstones/Projects: Chair

Current: Osawa Y (COPHP).

Previous: C Jackson (GH/19); J Joseph (COPHP/19); N Hoge (COPHP/19); K Lenhoff (COPHP/18); E Less (COPHP/18); J Wong (EOH/OEHN/18); M Nakamura (EOH/OEHN/17, co-chair); K Doughty (EOH/OEHN/17, co-chair); Nalani (Emi) Yoko (COPHP/16); J Vaccaro (EOH/OEHN/16, co-chair); M Kushwaha (EOH/15); HY Sohng (OEM/15, co-chair); J Childers (EOH/14); A Lenhart (EOH/13); D Havens (OEM/12, co-chair); CS Truysens (EOH/12; co-chair); R Wallace (OEM/12; co-chair); N Wilson (GNM; GH Certificate Sp/12); A Schmidt (ES/11; recipient, UW SPH Omenn Award); W Callis (OEM-Madigan/09); E Stamper (EOH/09); E Finsness (EOH/08); J Graves (EOH/08; recipient, UW SPH Omenn Award); L Kercher (EDP/08); C Lang (OEM-Madigan/08); E Atwood (EDP/07); D Badzik (OEM-Madigan/07); M Sigmon (OEM-Madigan/07); S Sheldon (OEM/06); H Hoang (OEM-Madigan/06); T Ross (OEM-Madigan/06); A Fernandez (EOH/06); J Kile (EDP/04); A Weg (OEM-Madigan/04); J Terrio (OEM-Madigan/03); R Leo (IH/01); M Eng (IH/01); D Wetter (EDP/99); A Bunyaviroch (OEM/99); S Swan (IH/99); L Chiou (Epi/98); C Schumacher (OEM/96); L Pinkerton (OEM/93); H Stockbridge (OEM/92); N Davenport (OEM/91); C Martin (IH/90); C Nevitt (OEM/89); B Hall (IH/89); J Lazzaretti (OEM).

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Incomplete: M Makovski (OEM); S Bick (OEM); J Endicott (OEM).

PhD Committees in Non-Chair Role

Current: J Childers (CBE).

Previous: K Michael (EOHyg/16); R Neitzel (EOHyg/09); D Johns (EOHyg/05).

GSR: S Lowry (Epi/12); RM Robinson (MBT/05); M Drangsholt (Epi/04); J-C Chang (Nurs/01).

Masters Committees in Non-Chair Role

Current: None

Previous: CR Benson (NutrS/16); V Dorsey (ES/14); M Torres (ES/14); T Okitika (EOH/13); C Loftus (EOH/10); S Singhal (OEM/10); P Thepaksorn (ES/09); EA Rahman (OEM/08); S Griffin (IH/07); L Hom (EOH/06); P Thepaksorn (EOH/06); H Curtiss (EOH/06); M Trabeau (IH/06); J Young (IH/06); F Sands (EOH/05); B Berna (IH/05); G Patrick (EDP/05); T Olenchock (IH/03); J Olsen (IH/02); M Maxfield (EDP/02); L Gwerder (OHN/01); L Winnemuller (IH/01); J Thompson (OEM/01); G DePavia (ET/99), K Loreen (IH/yr?); P Deutsch (IH/yr?). Note: Records incomplete previous to 1999.

Examiner: Bunthoeun K (OH/12); Nhean S (OH/12); Kantachai P (OH/12) – Burapha University, Chonburi, Thailand.

Distinguished Awards to Mentees (Primary or shared mentorship)

UW School of Public Health Omenn Award [School Outstanding Masters or PhD student]

2008	Janessa Graves, MPH/EOH
2012	Anna Schmidt, MS/ES
2014	Jonathan Childers, MPH/EOH